PATENT APPLICATION FEE DETERMINATION RECO							Application or Docket Number 1080535					
_	·	CLAIMS					•			<u>U</u>		
_	OTAL SI AIR		(Colur		-	umn 2)		SMALL I		OR		R THAN ENTITY
TOTAL CLAIMS			5					RATE	FEE	7	RATE	FEE
FOR			NUMBE	R FILED	NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEI	F 770.00
TOTAL CHARGEABLE CLAIMS			6	minus 20= '		•		XŞ 9=		OR	X\$18=	
NDEPENDENT CLAIMS			/ minus 3 = *			·		X43=		OR	X86=	1
11	JLTIPLE DEPE	NDENT CLAIM	PRESENT				- ‡		 -	┨╙╹		> C.a
Ħ	the differenc	e in column 1 is	s less than	zero, enter	"0" in	column 2	L	+145=	┼	OR	L	1000
	(CLAIMS AS	AMENDE	D - PAR1	P 11			TOTAL	<u></u>	OR	TOTAL	1060
		(Column 1)	~!!!L!!DL	Colum	•	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST BER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL
	Total	. 5	Minus	- 21	0	=	r	X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	• /	Minus	ر		=	H	X43=		1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-	 	OR	7602	
		. •				,	L	+145=		OR	+290=	
							AC	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
7		(Column 1)		(Colum		(Column 3)						
-	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		t e	1	1				×2.0		1 1		
	Total	*	Minus	** .		=		X\$ 9=	1.		X\$18=	
	Total Independent	*	Minus Minus	***		= .	-			OR	X\$18=	
	Independent	 	Minus	***	LAIM		-	X3 9= X43=		OR OR	X\$18= X86=	
	Independent	•	Minus	***	LAIM			X43= 145=		1 · · · ·	X86= +290=	
	Independent	•	Minus	***	LAIM			X43=		OR OR	X86=	•
	Independent FIRST PRESE	** NTATION OF MI (Column 1)	Minus	PENDENT (1 [.] 2)			X43= 145=		OR OR	X86= +290= TOTAL	
	Independent	* TATION OF MI	Minus	PENDENT C	12) ST ER		ADI	X43= 145= TOTAL DIT FEE	ADDI- TIONAL EEE	OR OR	X86= +290= TOTAL	ADDI- TIONAL
	Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER	Minus	(Column HIGHES NUMBE PREVIOU	12) ST ER	(Column 3)	ADI	X43= 145= TOTAL DIT FEE	TIONAL FEE	OR OR A	X86= +290= TOTAL NIDIT. FEE RATE	
Ļ	Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER	Minus ULTIPLE DE	(Column HIGHES NUMBER PREVIOU PAID FO	12) ST ER	(Column 3) PRESENT EXTRA	AD F	X43= 145= TOTAL DIT FEE RATE (\$ 9=	TIONAL FEE	OR OR	X86= +290= TOTAL NDOT. FEEL RATE X\$18=	TIONAL
	Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DE	(Column HIGHES NUMBE PREVIOU PAID FO	T 2) ST ER ISLY OR	(Column 3) PRESENT EXTRA	AD F	X43= 145= TOTAL DIT FEE	TIONAL FEE	OR OR A	X86= +290= TOTAL NIDIT. FEE RATE	TIONAL
	Independent FIRST PRESE Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DE	(Column HIGHES NUMBE PREVIOU PAID FO	T 2) ST ER ISLY DR	(Column 3) PRESENT EXTRA =	ADD >	X43= 145= TOTAL DIT FEE RATE (\$ 9=	TIONAL FEE	OR OR	X86= +290= TOTAL NDOT. FEEL RATE X\$18=	TIONAL

FORM PTOURTS (Pay 10/03)

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